

Acceptable
POC 1/25/10
WJB

PRINTED: 10/19/2009
FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4208AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/27/2009
NAME OF PROVIDER OR SUPPLIER LAS VEGAS HOME SWEET HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2615 LINDELL ROAD LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The facility is licensed for 14 total beds, classified as 6 Category I beds and 8 Category II beds. The facility has the following endorsements: residential facility for elderly or disabled persons and/or persons with mental illnesses. The census at the time of the survey was eight. Eight resident files were reviewed and one employee file was reviewed. This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on August 26, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received another grade of D and will require another re-survey application to be submitted with the applicable fee and undergo another re-survey. The following deficiencies were identified:	Y 000		
Y 053 SS=C	449.194(4) Administrator's Responsibilities-Complete Rec NAC 449.194 The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate.	Y 053		

RECEIVED
NOV 10 2 00 PM
BUREAU OF HEALTH CARE QUALITY AND CERTIFICATION
CARSON CITY, NEVADA

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Dugin* TITLE

(X6) DATE

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4208AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/27/2009
NAME OF PROVIDER OR SUPPLIER LAS VEGAS HOME SWEET HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2615 LINDELL ROAD LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 053	Continued From page 1 This Regulation is not met as evidenced by: Based on record review, observation and interview on August 26, 2009, the administrator failed to keep the records of the facility complete and accurate. This was a repeat deficiency from the February 19, 2009 State Licensure survey. Severity: 1 Scope: 3	Y 053	<i>All records of the facility are complete and accurate. Administrator will review every month to make sure all files are complete.</i>	<i>see attached</i>
Y 068 SS=F	449.196(1)(d) Qualifications of Caregivers-English language NAC 449.196 1. A caregiver of a residential facility must: (d) Demonstrate the ability to read, write, speak and understand the English language. This Regulation is not met as evidenced by: Based on interview on August 26, 2009, the facility hired 1 of 1 caregivers that could not read, write, speak and understand English (Employee #1). Severity: 2 Scope: 3	Y 068	<i>Employee #1, Betty Tmg speaks, reads & writes in English. Occasionally she has an assistant who has very limited ability to speak & write English. Assistant has now been relieved of her duties. Betty Tmg has taken over completely. A new caregiver since then has also been hired who speaks, read & writes in English.</i>	<i>ATTACHED</i>
Y 085 SS=F	449.199(1) Staffing-CG on duty all times	Y 085		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4208AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/27/2009
NAME OF PROVIDER OR SUPPLIER LAS VEGAS HOME SWEET HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2615 LINDELL ROAD LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 085	Continued From page 2 NAC 449.199 1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and protective supervision for the residents. There must be at least one caregiver on the premises of the facility if one or more residents are present at the facility. This Regulation is not met as evidenced by: Based on interview, record review and observation on 8/26/09, the administrator failed to ensure that a caregiver was on duty when residents were present. Severity: 2 Scope: 3	Y 085	<i>There was not a time when that I am not aware of that a caregiver is not present in the facility. There must be a misunderstanding. Caregiver must be attending to one of the clients or in the bathroom and his presence might have been missed. Administrators will make sure that caregiver showed always be visible for inspection.</i>	<i>C-ATTACH</i>
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on August 26, 2009, the facility failed to ensure 1 of 1 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all	Y 103	<i>Employee # 1 has in his file TB test Certificate. Administrators will monitor that all employees have in their files their TB test results</i>	<i>C-ATTACH</i>

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

ECKG11

RECEIVED

If continuation sheet 3 of 9

NOV 06 2009

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4208AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/27/2009
NAME OF PROVIDER OR SUPPLIER LAS VEGAS HOME SWEET HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2615 LINDELL ROAD LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 103	Continued From page 3 residents (Employee #1 missing evidence of a positive TB test). This was a repeat deficiency from the February 19, 2009 State Licensure survey. Severity: 2 Scope: 3	Y 103	Employee #1 has in her file her FBI background check results. Administration will review all employees files to make sure their files include Background check from FBI	C ATTACHED
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on August 26, 2009, the facility failed to ensure 1 of 1 caregivers met background check requirements (Employee #1 did not have documented results from the State of Nevada and the Federal Bureau of Investigation). This was a repeat deficiency from the February 19, 2009 State Licensure survey. Severity: 2 Scope: 3	Y 105		
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90	Y 272		
			Menus is now posted and will be posted regularly a week in advance	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

ECKG11

NOV 06 2009

If continuation sheet 4 of 9

BUREAU OF LICENSURE
AND CERTIFICATION
LAS VEGAS, NEVADA

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4208AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/27/2009
NAME OF PROVIDER OR SUPPLIER LAS VEGAS HOME SWEET HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2615 LINDELL ROAD LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 272	Continued From page 4 days. This Regulation is not met as evidenced by: Based on observation and interview on August 26, 2009, the facility failed to ensure a planned, dated and posted menu was utilized. Severity: 1 Scope: 3	Y 272	<i>The menus also will be kept on file for 90 days</i>	
Y 532 SS=C	449.260(1)(g)(1)(2) Activities for Residents NAC 449.260 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (1) Prepared at least a month in advance. (2) Kept on file at the facility for not less than 6 months after it expires. This Regulation is not met as evidenced by: Based on interview and record review on August 26, 2009, the facility failed to ensure a calendar of activities was posted, prepared at least a month in advance, and kept on file at the facility for not less than 6 months. Severity: 1 Scope: 3	Y 532	<i>a calendar of activities is now posted month in advance and such calendars will be kept on file for 6 months.</i>	
Y 920 SS=F	449.2748(1) Medication Storage NAC 449.2748	Y 920	<i>Administrators will monitor & make sure there are calendar of activities prepared month in advance every month & will make sure they are kept on file 6 months after.</i>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

5899

ECKG11

If continuation sheet 5 of 9

RECEIVED

NOV 06 2009

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

C
ATTACHED

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4208AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/27/2009
NAME OF PROVIDER OR SUPPLIER LAS VEGAS HOME SWEET HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2615 LINDELL ROAD LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 923	Continued From page 6 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered. This Regulation is not met as evidenced by: Based on observation on August 26, 2009, the facility failed to keep medications of residents in their original container. This was a repeat deficiency from the February 19, 2009 State Licensure survey. Severity: 2 Scope: 3	Y 923	on the counter medications are now kept in their original containers. Administrator will monitor that all medications are kept in their original containers.	OK WGB
Y 930 SS=A	449.2749(1)(a) Resident File-Storage, Res Information NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident.	Y 930	The file for the discharged resident is now complete and will be retained for 5 years. Administrator will monitor that all discharged residents file are complete & will be kept on file	OK WGB

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

ECKG11

If continuation sheet 7 of 9

RECEIVED

NOV 06 2009

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4208AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/27/2009
NAME OF PROVIDER OR SUPPLIER LAS VEGAS HOME SWEET HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2615 LINDELL ROAD LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 930	Continued From page 7 This Regulation is not met as evidenced by: Based on record review and interview on August 26, 2009, the facility did not provide proper documentation regarding a resident who had been discharged. Severity: 1 Scope: 1	Y 930	<i>+ years after they had been discharged.</i>	
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on August 26, 2009, the facility failed to ensure 2 of 12 residents complied with NAC 441A.380 regarding tuberculosis (TB) testing which affected all residents (Resident #3 and #8 both require a second step TB skin test). This was a repeat deficiency from the February 19, 2009 State Licensure survey.	Y 936	<i>Residents 3 & 8 are taking their second step TB skin test in 2 weeks. Administration will monitor their they will have their second step TB skin test + will be an photo individual files</i>	<i>OK WBG 10/8/09 C ATTACHED</i>

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

ECKG11

If continuation sheet 8 of 9

RECEIVED

NOV 06 2009

BUREAU OF LICENSURE
CARSON CITY, NV

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4208AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/27/2009
NAME OF PROVIDER OR SUPPLIER LAS VEGAS HOME SWEET HOME, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2615 LINDELL ROAD LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
Y 936	Continued From page 8 Severity: 2 Scope: 3	Y 936			

RECEIVED

NOV 06 2009

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

ECKG11

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

If continuation sheet 9 of 9

Week 3

JAN (2010)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
Cranberry Juice Cream of Wheat Cheese Omelette 1 Slice of wheat toast w/jelly	Orange Juice Oatmeal Scrambled eggs Hashbrowns 1 Slice of toast w/jelly and margarine	Sliced cantelope Cream of wheat Scrambled egg English muffin w/jelly and margarine	Grape Juice Biscuit w/country gravy Chicken sausage Corn Flakes w/1% Low fat milk	Apple Juice Oatmeal French Toast w/syrup and margarine Turkey-Ham Slice	Orange Juice Scrambled chorizo and eggs English muffin w/margarine and jelly	Orange Juice Small Bagel w/cream cheese and jelly Scrambled eggs
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Grilled Chicken sandwich on Bun w/ tomato, lettuce Tater tots Canned pears	Collage cheese and fresh fruit plate Dinner roll w/margarine Chocolate pudding	Tacos w/ground turkey shredded cheese and lettuce Corn Fruit Salad	Tuna Salad sandwich on whole wheat Sliced Tomato Fresh Fruit	Teriyaki Chicken Steamed rice Steamed broccoli Water cookies	Chicken Salad w/fresh tossed greens Seasoned beets Croissant Fresh Fruit medley	Chicken patty on bun w/ lettuce, tomato, pickle Baked Lays Potato chips Fruit cup
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
Braised Pork Chops Scalloped potatoes Steamed Cauliflower Roll w/margarine Slice of cake	Baked Chicken Mashed Potato w/gravy Cooked carrots Whole wheat roll w/ margarine Slice of pie	Beef Stew w/vegetables Brown rice Roll w/margarine Slice of cake	Pasta w/meatballs Steamed zucchini Garlic bread Slice of pie	Mixed Green Salad w/ dressing Vegetarian Lasagna Garlic Bread Vanilla pudding	BBQ Baked Ribs Baked Potato w/sour cream Corn of the cob Roll w/margarine Sherbet	Ground turkey meatloaf w brown gravy Mashed potatoes Candied carrots Fresh fruit Water cookies <i>on Buffet</i>

Notes: If you want to use Egg substitutes instead of real eggs 3-4x a week, it would cut down on cholesterol.
You may also use fresh fruit instead of juice all the time.

Contact: Amelia A. Casaretto
Phone: 650-438-6043
Place of Employment: UCSF Nutrition/Dietetics
Title: Hospital Nutrition Assistant
Education: Bachelor of Science Nutrition and Food Science 1983 UC Berkeley

ACTIVITIES SCHEDULE

JANUARY, 2010

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 GROUP MEETING 1-3 PM	2 BINGO 2-3 PM
3	4 Exercise Dancing 6-7:30PM	5 Movie Night 7-9PM	6 Reading Discussion 2-4PM	7 Board Game 9-10 AM	8 Group Meeting 1-3PM	9 Bingo 2-3 PM
10	Exercise Dancing 6-7:30 PM	12 Movie Night 7-9PM	13 Reading Discussion 2-4PM	14 Board Game 9-10 AM	15 Group Meeting 1-3PM	16 Bingo 2-3PM
17	18 Exercise Dancing 6-7:30 PM	19 Movie Night 7-9PM	20 Reading Discussion 2-4PM	21 Board Game 9-10AM	22 Group Meeting 1-3PM	23 Bingo 2-3PM
24	25 Exercise Dancing 6-7:30 PM	26 Movie Night 7-9PM	27 Reading Discussion 2-4 PM	28 Board Game 9-10 AM	29 Group Meeting 1-3 PM	30 Bingo 2-3PM
31						